

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☒ This is an Initial* Statement of Organization
☐ This is an amended* Statement of Organization

*An Initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

IA ETHICS AND
 CAMPAIGN DISCLOSURE

2010 JUL 20 AM 7:35

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	18643
Indexed	
Audited	
Computer	

COMMITTEE NAME

Murra for Supervisor

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

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COMMITTEE TREASURER

Name

Kurt Kelsey

Mailing Address

14083 P Ave

City, State Zip Code

Iowa Falls, IA 50126

Phone 641-648-9086e-Mail Kelsey@prairie.net.net

COMMITTEE CHAIR

Name

Betty Taylor

20054 Co Hwy D-15

Iowa Falls, IA 50126

641-648-9444

taylor-john@live.com

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s)

Comment or description:

All Candidates Enter:

Office Sought:

County Supervisor

District:

Political Party (if applicable)

Democrat

Year Standing for Election: 2010

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County:

Hardin

Date of Election: 11-2-10

Bank Account Name

Murra for Supervisor

Name of Financial Institution/type of Account

Liberty Bank

Mailing Address

315 Main St

Iowa Falls IA 50126

Candidate name & Address or Parent Entity (PACs, if applicable),
 Affiliate, or Sponsor

Janeice Murra

Mailing Address

1116 Woodland

City

Iowa Falls IA

State

Zip

50126

Phone (641)-648-4027

e-Mail J.Murra@q.com

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☒

(1) DONATED TO Hardin COUNTY CENTRAL COMMITTEE

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) _____

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE
 (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 951. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed

Date Signed